



<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> for FY 2005 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b> Application Number 10/591,333 Filing Date August 31, 2006 First Named Inventor Steven Porter Hotelling Examiner Name John E. Chapman Art Unit 2856 Attorney Docket No. PU040287	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		1050.00	

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit card ☐ Money Order  
Customer Number 24498

☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**  
Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

360 180

**Total Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

**Multiple Dependent Claims**

**Fee (\$)**

**Fee Paid (\$)**

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
HP = highest number of total claims paid for, if greater than 20.

**Independent Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	_____	_____

**4. OTHER FEE(S)**

Extension For Response Within Third Month

**Fees Paid (\$)**

1050.00

**SUBMITTED BY**

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-3727
Signature					Date: 7/18/08

This collection of information is required by 37 CFR 1.100. The information is required to obtain a claim to a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**Complete if Known**

Application Number	10/591,333
Filing Date	August 31, 2006
First Named Inventor	Steven Porter Hotelling
Examiner Name	John E. Chapman
Art Unit	2856
Attorney Docket No.	PU040287

Attorney Docket No.	PU040287
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☐ None      ☐ Other (please identify): \_\_\_\_\_

Deposit Account Name: THOMSON LICENSING LLC

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

## FEE CALCULATION

## FILING FEES

**Small Entity**

## SEARCH FEES

### Small Entity

## EXAMINATION FEES

### Small Entity

<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**Small Entity**

Fee (\$)	Fee (\$)
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50 25

200 100

360 180

<b><u>Multiple Dependent Claims</u></b>	
<b><u>Fee (\$)</u></b>	<b><u>Fee Paid (\$)</u></b>

\_\_\_\_\_


\_\_\_\_\_

**If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer**

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

**Fees Paid (\$)**

1050.00

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-3727
Signature					Date: 7/18/08

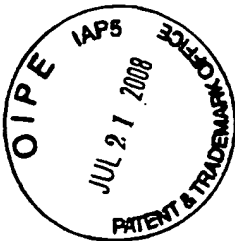
We collect your personal information to process your application. The information is required to obtain a patent benefit by the public, which is to be sent by the USPTO to any other application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, 400 ... FORMS TO THIS ADDRESS: ... SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22303-1450. If you need assistance in completing the form, call 1-800-706-9199 and select option 2.

MAILING TO U.S. Patent and Trademark Office

Patent No.

Atty: Vincent E. Duffy

**APPLICATION AS FILED**



APPLICATION AS FILED					
Enter Date	Enter Number	Check Type		Check Items Mailed with Application	
		Independent Claims	<input type="checkbox"/>	Original-US Nat'l	<input checked="" type="checkbox"/> Declaration
		Claims in Excess 20	<input type="checkbox"/>	Divisional	<input type="checkbox"/> Statement under CFR § 1.56-013M
		Claim Pages	<input type="checkbox"/>	Continuation	<input type="checkbox"/> Assignment & Recordation Sheet
		Specification Pgs	<input type="checkbox"/>	CPA/RCE	<input type="checkbox"/> Preliminary Amendment
		Sheets of Drawings	<input type="checkbox"/>	Reissue	<input type="checkbox"/> Priority Document -
		Abstract Pages	<input type="checkbox"/>	Re-Exam	<input type="checkbox"/> IDS 1449 with References
			<input type="checkbox"/>	US Provisional	<input type="checkbox"/> Utility Application Transmittal
		Charge	<input type="checkbox"/>		
Mailed 7/18/08	Due 4/18/08	AMENDMENTS	Mailed	Due	Fee Transmittal Sheet in duplicate
		After Rejection			APPEALS
		After Final Rejection			Notice of Appeals
		After Allowance UJR312			Appeal Brief
		Supplemental			Reply Brief
		Voluntary			Pet. To Withdraw.
		Letter to Exam/Draftsperson w/Drawing Correction(s)			REQUESTS
		Pg(s) of Formal Dwg(s)			Ext. Time§ 1.136(b) <u>7/18/08</u>
					Cert. of Correction <u>7/18/08</u>
		OTHER			OTHER
		Lic. To For. File			Statement NASA
		Reg. Priority 35 USC 119			Terminal Disclaimer
		Statement DOE			Claim Disclaimer
		Statement under § 1.56			Status Letter
		IDS w/ _____ references			Declaration
		Certificate of Mailing			Suppl. Declaration
					Missing Parts Letter
<b>Express Mail Application Label No.:</b>					
<b>Date Deposited:</b> <u>7/18/08</u>					
					<b>DUE FEES</b>
					Filing Fee Exp.
					Issue Fee
					Ext Time§ 1.136(a)
					Add Payment of Fee
					Fee Trans. Form in duplic.
					TOTAL FEE AMT. <u>\$ 1050.00</u>
					<b>CHARGE</b>
					Appointment Atty/Agent
					Assignment & Record form
					Letter to PO
					Notif. of Foreign Ref.
					Correction Of Record